

NB RATE SHEET PLAN#	The following plans are available for New Business for the small group off exchange. Please visit our website, www.NYHealthAlliance.com, and read the benefit summaries before finalizing your selection.					Monthly Four Tier Rates					
	COPAY & DEDUCTIBLE		RX BENEFIT	NETWORK	PED DENT	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY		
<b>MVP Health Care</b>											
<b>EPO &amp; HMO (Albany Region)</b>											
1	EPO 5/45 Platinum 1 Embedded 3 Visits \$0/\$5 PCP Copay (no ded) \$45 Specialist Copay (no ded) \$100 ER Copay (no ded)		\$300 Hospital Copay Per Admit No Deductible to \$2,450/4,900 OOP max	No Referral	\$5 T1 / \$30 T2 / \$50 T3 (no ded)	National	Medical includes Ped Dental and Vision	1131.01	2243.02	1909.42	3188.23
2	EPO 30/50 Platinum 3 Embedded \$30 PCP Copay (no ded) \$50 Specialist Copay (no ded) \$150 ER Copay (no ded)		\$250 Hospital Copay Per Admit No Deductible to \$2,550/5,100 OOP max	No Referral	\$5 T1 / \$25 T2 / \$40 T3 (no ded)	National	Medical includes Ped Dental and Vision	1122.23	2225.46	1894.49	3163.21
3	EPO 15/25 Platinum 5 Embedded \$15 PCP Copay (no ded) \$25 Specialist Copay (no ded) \$200 ER Copay (no ded)		\$550 Hospital Copay Per Admit No Deductible to \$3,550/7,100 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	1127.84	2236.68	1904.03	3179.19
4	EPO 15/50/850 Gold 1 Embedded 3 Visits \$0/\$15 PCP Copay (no ded) \$50 Specialist Copay (after ded) \$300 ER Copay (no ded)		\$500 Hospital Copay Per Admit (after ded) \$850/1,700 Annual Deductible to \$7,000/14,000 OOP max	No Referral	\$10 T1 / \$35* T2 / \$70* T3 (*after ded of \$200/\$400 brand name only)	National	Medical includes Ped Dental and Vision	994.21	1969.42	1676.86	2798.35
5	EPO 10/20/1600 Gold 2 QHDHP Aggregate \$10 PCP Copay (after ded) \$20 Specialist Copay (after ded) \$75 ER Copay (after ded)		\$200 Hospital Copay Per Admit (after ded) \$1,600/3,200 Agg. Annual Deductible to \$5,000/10,000 OOP max	No Referral HSA Compliant	\$10 T1 / \$30 T2 / \$50 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	955.70	1892.40	1611.39	2688.60
6	EPO 20/40/1000 Gold 3 Embedded \$20 PCP Copay (after ded) \$40 Specialist Copay (after ded) \$300 ER Copay (after ded)		\$800 Hospital Copay Per Admit (after ded) \$1,000/2,000 Annual Deductible to \$5,000/10,000 OOP max	No Referral	\$10 T1 / \$35 T2 / 50% T3 (no ded)	National	Medical includes Ped Dental	967.89	1916.78	1632.11	2723.34
7	EPO 40/60 Gold 4 Embedded \$40 PCP Copay (no ded) \$60 Specialist Copay (no ded) \$500 ER Copay (no ded)		\$750 Hospital Copay Per Admit No Deductible to \$6,750/13,500 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	1023.29	2027.58	1726.29	2881.23
8	EPO 30/50/350 Gold 6 Embedded \$30 PCP Copay (no ded) \$50 Specialist Copay (no ded) \$100 ER Copay (no ded)		\$1,000 Hospital Copay Per Admit (after ded) \$350/700 Annual Deductible to \$6,550/13,100 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	1024.72	2030.44	1728.72	2885.30
9	EPO 40/60/4000 Gold 8 Embedded \$40 PCP Copay (no ded) \$60 Specialist Copay (no ded) \$300 ER Copay (no ded)		20% Hospital Copay Per Admit (after ded) \$4,000/8,000 Annual Deductible to \$8,000/16,000 OOP max	No Referral	\$10 T1 / \$40 T2 / \$60 T3 (no ded)	National	Medical includes Ped Dental and Vision	941.69	1864.38	1587.57	2648.67
10	EPO 0/0/7000 Gold 12 Embedded \$0 (no ded) 50% Specialist Copay (after ded) 50% ER Copay (after ded)		50% Hospital Copay Per Admit (after ded) No Deductible to \$7,000/14,000 OOP max	No Referral	50% T1 / 50% T2 / 50% T3	National	Medical includes Ped Dental and Vision	916.93	1814.86	1545.48	2578.10

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<b>MVP Health Care</b>										
<b>EPO &amp; HMO (Albany Region)</b>										
11	EPO 35/60/4500 Silver 2 Embedded		No Referral	\$10 T1 / \$45 T2 / \$90 T3 (after ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	796.09	1573.18	1340.05	2233.71
	3 PCP visits at \$0, then \$35 Copay (no ded) \$60 Specialist Copay (after ded) \$350 ER Copay (after ded)									
12	EPO 25/50/2550 Silver 3 QHDHP Aggregate		No Referral HSA Compliant	\$15 T1 / \$40 T2 / \$60 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	821.87	1624.74	1383.88	2307.18
	\$25 PCP Copay (after ded) \$50 Specialist Copay (after ded) \$300 ER Copay (after ded)									
13	EPO 20/50/2800 Silver 4 HRA Embedded		No Referral HSA Compliant	\$15 T1 / \$40 T2 / 50% T3 (no ded)	National	Medical includes Ped Dental and Vision	810.47	1601.94	1364.50	2274.69
	\$20 PCP Copay (after ded) \$50 Specialist Copay (after ded) \$300 ER Copay (after ded)									
14	EPO 35/50/3100 Silver 7 Embedded		No Referral	\$15 T1 / \$45 T2 / \$90 T3 (no ded)	National	Medical includes Ped Dental and Vision	839.45	1659.90	1413.77	2357.28
	\$35 Copay (no ded) \$50 Specialist Copay (after ded) \$250 ER Copay (after ded)									
15	EPO 0/0/4650 Silver 8 QHDHP Embedded		No Referral HSA Compliant	\$15 T1 / \$50 T2 / \$65 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	795.06	1571.12	1338.30	2230.77
	\$0 PCP Copay (after ded) \$0 Specialist Copay (after ded) \$0 ER Copay (after ded)									
16	EPO 35/60/6150 Bronze 2 Embedded		No Referral	\$10 T1 / \$40 T2 / \$60 T3 (after ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	681.64	1344.28	1145.49	1907.52
	3 Visits \$0/\$35 PCP Copay (after ded) \$60 Specialist Copay (after ded) \$350 ER Coins (after ded)									
17	EPO 5/50%/6500 Bronze 5 QHDHP Embedded		No Referral HSA Compliant	\$5 T1 / \$30 T2 / 50% T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	682.52	1346.04	1146.98	1910.03
	\$5 PCP Copay (after ded) 50% Specialist Copay (after ded) \$100 ER Coins (after ded)									
18	EPO 0%/0%/7100 Bronze 6 QHDHP Embedded		No Referral HSA Compliant	0% T1 / 0% T2 / 0% T3 (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	733.48	1447.96	1233.62	2055.27
	0% PCP Copay (after ded) 0% Specialist Copay (after ded) 0% ER Coins (after ded)									
19	EPO 40%/40%/6350 Bronze 7 QHDHP Embedded		No Referral HSA Compliant	\$10 T1 / \$40 T2 / \$60 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	National	Medical includes Ped Dental and Vision	702.35	1385.70	1180.70	1966.55
	40% PCP Copay (after ded) 40% Specialist Copay (after ded) 40% ER Copay (after ded)									
20	EPO \$0/0%/9150 Bronze 11 Embedded		No Referral	% T1 No DD / 0% T2 / 0% T3 *( *after ded) (Integrated w/Medical)	National	Medical includes Ped Dental	680.42	1341.84	1143.41	1904.05
	1 PCP visit at \$0, then 0% (after ded) 0% Specialist Copay (after ded) 0% ER Copay (after ded)									

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<b>MVP Health Care</b>										
<b>EPO &amp; HMO (Albany Region)</b>										
21	HMO 10/35 Platinum 2 Embedded		No Referral	\$5 T1 / \$30 T2 / \$50 T3 (no ded)	Regional	Medical includes Ped Dental and Vision	1070.91	2122.82	1807.25	3016.94
	\$10 PCP Copay (no ded) \$300 Hospital Copay Per Admit (no ded) \$35 Specialist Copay (no ded) No Deductible \$200 ER Copay (no ded) to \$2,400/4,800 OOP max									
22	HMO 25/50/2550 Silver 3 QHDHP Aggregate		No Referral HSA Compliant	\$15 T1 / \$40 T2 / \$60 T3 (after ded) (preventive drugs no ded) (Integrated w/Medical)	Regional	Medical includes Ped Dental and Vision	778.04	1537.08	1309.37	2182.26
	\$25 PCP Copay (after ded) \$500 Hospital Copay Per Admit (after ded) \$50 Specialist Copay (after ded) \$2,550/5,100 Agg. Annual Deductible \$300 ER Copay (after ded) to \$6,350/12,700 OOP max									

NOTES:

- 1) An administrative fee of \$19.00 has been added to your premium.
- 2) MVP's Medical rates now include Pediatric Dental and Vision for children under the age of 19.
- 3) Deductible is on a contract basis.
- 4) All Qualified High Deductible Health Plans (QHDHP) are HSA compliant.
- 5) MVP's Custodian HSA Bank is Liberty Health. Individual Banking Fees apply. See fee schedule. Employer setup fee is waived.
- 6) Embedded Deductible: Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits. The family deductible is a family maximum.
- 7) Aggregate Deductible: For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan will make payments.
- 8) This is a brief summary of benefits and should be used as a guide only.
- 9) For complete information on deductibles and coinsurance, please refer to carrier SBC's located on our website (www.NYHealthAlliance.com).
- 10) Please refer to the NYHA's website [www.NYHealthAlliance.com](http://www.NYHealthAlliance.com) for subscriber agreement, complete description of requirements for coverage, covered services, limitations and exclusions.

**Albany Region includes the following counties:**

**Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren & Washington**